



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
EDUCATOR CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

**APPLICATION FOR ADDITIONAL CERTIFICATES OF LICENSE TO TEACH**

**SECTION I: VITAL INFORMATION**

|  |   |  |
|--|---|--|
| SOCIAL SECURITY NUMBER*                    |   |  |
| CURRENT NAME (LAST, FIRST, MIDDLE INITIAL) |   |  |
| ALL MAIDEN/FORMER NAMES                    |   |  |
| STREET ADDRESS                             |   |  |
| CITY, STATE, ZIP CODE                      |   |  |
| DATE OF BIRTH                              | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | PHONE NUMBERS<br>H (     )     W (     ) |

**SECTION II: APPLICATION DATA**

**A. LIST THE REQUESTED ADDITIONAL CERTIFICATE(S) OF LICENSE TO TEACH:**

| Subject Area | Grade Level | Subject Area | Grade Level | Subject Area | Grade Level |
|--------------|-------------|--------------|-------------|--------------|-------------|
|              |             |              |             |              |             |

**B. EDUCATIONAL DATA: OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES LISTED MUST BE SUBMITTED WITH THIS APPLICATION.**

| COLLEGE/UNIVERSITY | STATE | DATES ATTENDED |             | DEGREE |
|--------------------|-------|----------------|-------------|--------|
|                    |       | FROM<br>MO/YR  | TO<br>MO/YR |        |
|                    |       |                |             |        |
|                    |       |                |             |        |
|                    |       |                |             |        |
|                    |       |                |             |        |
|                    |       |                |             |        |

**C. TEACHING EXPERIENCE: IF YOU HOLD ONLY A LIFETIME CERTIFICATE, PLEASE COMPLETE THIS SECTION AND SUBMIT VERIFICATION.**

| SCHOOL OR SCHOOL DISTRICT | CITY/STATE | EMPLOYMENT DATES |             | POSITION |
|---------------------------|------------|------------------|-------------|----------|
|                           |            | FROM<br>MO/YR    | TO<br>MO/YR |          |
|                           |            |                  |             |          |
|                           |            |                  |             |          |
|                           |            |                  |             |          |
|                           |            |                  |             |          |

**(Two Page Form)**

**D. PRAXIS II TEST OPTION: MUST HOLD A VALID LIFE/PROFESSIONAL CERTIFICATE OF LICENSE TO TEACH**

Individuals applying for additional Missouri certificates utilizing Praxis II test results ***must*** attach a copy of an official score report from the Educational Testing Service (ETS) for each area of certification requested.

| Test Number | Score | Test Number | Score | Test Number | Score |
|-------------|-------|-------------|-------|-------------|-------|
|             |       |             |       |             |       |

**E. PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED)**

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?   | <input type="checkbox"/> | <input type="checkbox"/> |

\*View the Social Security Number Disclosure Notice at: <http://dese.mo.gov/schoollaw/freqaskques/SSNUsage.html>

**F. SWORN AFFADAVIT**

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

**G. IF DETERMINED TO BE ELIGIBLE UPON REVIEW OF MY TRANSCRIPTS AND/OR TEST SCORE(S), I HEREBY REQUEST THAT THE APPROPRIATE CLASSIFICATION AND CERTIFICATE AREA(S) BE ISSUED.**

| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|
| ⇒                     |      |

PLEASE RETURN THIS FORM TO  
EDUCATOR CERTIFICATION, PO BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.  
ORIGINAL SIGNATURE REQUIRED—NO FAXES OR PHOTOCOPIES.  
[www.dese.mo.gov](http://www.dese.mo.gov)